			Attorney Docket No. 4	<u> 50119-03130</u>					
In re I	Patent Application of	)							
Miwako Yuasa, et al.			Group Art Unit: 3692						
Application No.: 10/018,100		)	Examiner: Graham, Clement B.						
Filed:	April 24, 2002	)	Confirmation No.: 7271						
For:	INFORMATION LEASE MANAGEMENT SYSTEM, INFORMATION LEASE MANAGEMENT APPARATUS, INFORMATION PROCESSING APPARATUS, INFORMATION LEASE MANAGEMENT METHOD AND RECORDING MEDIUM	) ) ) ) )							
AMENDMENT/REPLY TRANSMITTAL LETTER									
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Sir:									
Enclos	sed is a Response under 37 C.F.R. §1.116 for	the abo	ve-identified patent applic	cation.					
	A Petition for Extension of Time is enclosed.								
	Terminal Disclaimer(s) and the $\Box$ \$ 65 $\Box$ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.								
	Also enclosed is/are								
	Small entity status is hereby claimed.								
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$395 \$\square\$ \$790 fee due under 37 C.F.R. § 1.17(e).								
	Applicant(s) request that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.								
	Applicant(s) previously submitted which continued examination is requested.		on	for					
	Applicant(s) requests suspension of action by which does not exceed		ffice until at least onths from the filing of th	is RCE, in					

	accordance with 37 C.F.R. $\S$ 1.103(c). The required fee under 37 C.F.R. $\S$ 1.17(i) is enclosed.									
	A Request for Entry and Consideration of Submission under 37 C.F.R. §1.129(a) (1809/2809) is also enclosed.									
$\boxtimes$	No additional claim fee is required.									
	An additional claim fee is required, and is calculated as shown below:									
		AMEN	DED CLAIMS	1						
		No. of Claims	Highest No of Claims Previously Paid for	Extra Claims	Rate	Ad	ditional Fee			
Total Claims		38	38	0	x 50 (1202)	\$	0			
Independent Claims		5	5	0	x 210 (1201)	\$	0			
☐ If r	nultiple dependent c	s	0							
Total Claim Amendment Fee							0			
☐ Sn	nall Entity Status cla	\$	0							
TOTA	L ADDITIONAL O	\$	0							
	Chargeto Deposit Account No. 50-0320 for the fee due.									
	A check in the amount of is enclosed for the fee due.									
	Charge to credit card.									
$\boxtimes$	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-0320.									
Respectfully submitted,										
Date:	Frommer Lawrence-& Haug LLP  te: April 25, 2008  By: Ellen Marche Emas									
					lo. 32,131					